\$25750

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAUNO. FILING DATE

APPLICANT(S)

**CLAIMS** 

	AS FILED		AFTER		AFTER  2 MAMENDMENT			AS FILED		AFTER		AFTER 2 "AMENDMENT	
	INQ.	DEP.	IND.	DEP.	IND.	DEP.	1	IND.	DEP.	IND.	DEP.	IND.	DE
1							51						
2		/_					52						
3	<del> </del>	1 1					53						
5	+	<del>                                     </del>					54 55		<del></del>				
6	1						56						
7							57						
8							58						
9	<u> </u>	<del>                                     </del>	ļ				59						
10 11	<del>                                     </del>	<del>                                     </del>				· 	60						
12		1 1					62						
13	1						63						
14							64						
15		1					65						
16	<del> </del>						66						
17 18	1						67						
19	<del>                                     </del>	,					69						
20	1	/					,70						
21	<i>''</i>						71						
22							72			[			
23	<b> </b>						73						
25							75						
26	<u> </u>						76						
27		1					77						
28							78						
29							79						
30 31	7/	'					80					+	
32		7					82						
33	11	/					83						
34	<i>[ ]</i>						84						
35	1./						85						
36 37	.'/_	fr.				[	86 87		<del></del>				
38		4		<del>-  </del>			88				<u>_</u>		
39	<i>•</i> ]						89						
40	17	/					90						
41							91						
42 43	1			——- <del> </del>			92	<del></del>					
44							94						
45							95						
46							96						
47							97	<del></del>					
48		<del></del>					98	<del></del>					
49 50		<del></del>					100	<del> </del> -					
TAL IND.	1,1	+		#		#	TOTAL IND.		#		#		+
TAL DEP	31	<b>(+</b>		<del>-</del>		<b>←</b>	TOTAL DEP.		<b>(-</b>		<del>-</del>		<b>+</b>
TOTAL LAIMS	42						TOTAL CLAIMS						. (j
TO - 1360	(REV. 11/04)			BEST	LAV	ALLA	BLE CO			MENT of CO?			